

Statement for the Record

By

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Before the

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Good morning Chairman Davis, Congressman Waxman and Members of the Committee on Government Reform. I am pleased to have this opportunity to appear before you today to discuss the current threat from Avian Influenza and how the Department of Homeland Security (DHS) will coordinate the Federal response if an influenza pandemic were to occur in the United States.

Like members of this Committee, the Department of Homeland Security and our Federal partners recognize that an influenza pandemic in the United States could trigger severe public health and economic consequences, catastrophic loss of life, and disrupt our nation's critical infrastructures. DHS is working closely with its Federal partners, especially the Department of Health and Human Services (HHS), the U.S. Department of Agriculture (USDA), the Veterans Administration (VA), the Department of Defense (DOD), and the Homeland Security Council to prepare and to ensure that we are coordinated in our response.

The Role of DHS

As we coordinate, we recognize that each Department has responsibilities that are unique as well as some responsibilities that overlap. The DHS responsibilities are clear, pursuant to the Homeland Security Act of 2002 and Homeland Security Presidential Directive-5 (HSPD-5). As the domestic incident manager, the Secretary of DHS will coordinate the overall Federal response to a pandemic in order to ensure the continuity of our government, maintain civil order, preserve the functioning of society and mitigate the consequences of a pandemic. The Secretary of DHS serves as the principal Federal official for overall domestic incident management. In this

role, during a pandemic outbreak, the Secretary of Homeland Security is responsible for the coordination of Federal operations and/or resources, establishment of reporting requirements, and conduct of ongoing communications with Federal, State, local, tribal, private sector, and nongovernmental organizations.

Our Federal partners are also quite capable of fulfilling their respective roles in managing outbreaks of avian influenza, from well confined outbreaks in birds to a full-scale pandemic, and we are fully coordinated with them. The USDA, working with its state agriculture counterparts, has ample experience in managing an outbreak in the bird population. HHS has the responsibility and expertise to plan public health and medical preparedness. We all recognize that there is still significant work to be done to ensure the Nation is adequately prepared to respond to an outbreak in humans. As the *National Strategy for Pandemic Influenza* says, “Preparing for a pandemic requires the leveraging of all instruments of national power, and coordinated action by all segments of government and society.” This need for coordination of our National instruments is part of the reason that DHS exists. A pandemic could threaten the ability of the health and medical sector to manage all the consequences, which could likewise threaten the functioning of society and the Nation’s economy. It is the responsibility of DHS to coordinate the Federal response to manage those risks.

The NRP is the primary mechanism for coordination of the U.S. Government response to terrorist attacks, major disasters and other emergencies, and will form the basis of the Federal pandemic response. If a pandemic influenza were to present grave social and economic problems for the United States, the Secretary would—in consultation with other cabinet members and the

President—likely declare an Incident of National Significance and ensure implementation of the appropriate NRP coordinating mechanisms to ensure a coordinated Federal response.

The NRP supports the concept that incidents are handled at the lowest jurisdictional level.

However, a pandemic will ultimately require a concerted national effort. Under the National Strategy and the NRP, Federal departments and agencies have assigned roles and responsibilities to support all incidents to include a biological incident.

The Secretary will consider the following four criteria set forth in HSPD-5 when making the determination to declare an Incident of National Significance; however, he will not be limited to these thresholds and may base his decision on other applicable factors:

- A Federal department or agency acting under its own authority has requested the assistance of the Secretary of Homeland Security
- The resources of State and local authorities are overwhelmed and Federal assistance has been requested by the appropriate State and local authorities
- More than one Federal department or agency has become substantially involved in responding to an incident, and
- The Secretary of Homeland Security has been directed to assume responsibility for managing a domestic incident by the President.

DHS will work collectively with the interagency to establish the appropriate multi-agency coordinating structures when the situation warrants, even before a full scale outbreak. The Secretary may consider activating elements of the national response, including designating a

Principal Federal Official, standing up the Joint Information Center and Joint Field Offices. The Secretary has already identified a candidate to become the national PFO for pandemic influenza. This individual will be intimately involved in the planning and exercising of our contingency plans.

The Secretary would also set up a national planning element composed of senior officials of relevant Federal agencies to coordinate strategic-level national planning. The Secretary would also likely establish as many as five Regional Joint Field Offices that would be staffed and resourced with a Deputy PFO in charge of each Regional JFO to work directly with state & local entities. This framework provides a coordinated response for all level of government, non-government and volunteer organizations (NGOs), and the private sector. This system also affords full coordination between the regional joint field offices and military joint task forces that may be established. Last month, Secretary Chertoff asked his fellow Cabinet members to identify senior officials to coordinate planning and operations among the Federal departments before a pandemic would strike. The list has been compiled, and we look forward to working with these individuals as we plan and train together with our pre-designated PFO and Deputy PFOs.

In the event of a pandemic, a close, synchronous working relationship with HHS is essential. Our national Public Health and medical resources will unquestionably be taxed, probably beyond capacity, and DHS will do everything in its power to assist HHS with its mission to prevent illness and mitigate the consequences of the anticipated widespread morbidity and mortality. The DHS Chief Medical Officer is the primary point of interface with HHS and is responsible for advising the Secretary of DHS on all medical issues, including avian influenza. The DHS Chief

Medical Officer is also responsible for directing and overseeing the planning, policy, training, and operations to protect the health of the DHS workforce in the event of a pandemic in order to maintain critical DHS operations. We are taking advantage of assets across the Department to accomplish this goal, especially the expertise of the U.S. Coast Guard medical officers.

Federal Preparedness for Pandemic Influenza

The National Strategy for Pandemic Influenza, issued by President Bush on November 1, 2005, provides the framework for the Federal government's response to the influenza pandemic threat. It presents a high-level overview of the Federal government's approach to an influenza pandemic, emphasizes the importance of the full participation of State Local, and Tribal Governments, the private sector and critical infrastructure components, the public, and the international community to prepare for, prevent, and contain influenza.

The National Strategy makes it clear that while the Federal government will pursue all avenues available to it to thwart an influenza pandemic, it is essential for the States and communities be fully informed and engaged as well. The resources of the Federal government alone may not be sufficient to prevent the spread of an influenza pandemic across the nation. Preventing, minimizing and mitigating the consequences of an influenza pandemic requires a coordinated and integrated national effort that includes the full participation of all levels of government and all segments of society.

The *Implementation Plan for the National Strategy* announced last week contains over 300 action items with very aggressive implementation timelines. DHS has the lead in 58 of these actions and participates with other departments in 84 additional items. The Department is currently prioritizing these actions and is attempting to identify resources to carry them out. The department has many competing priorities, but is fully engaged in planning efforts for our own departmental plans as well as fulfilling our responsibilities enumerated in the *Implementation Plan*.

While the Plan directs that departments and agencies undertake a series of action in support of the Strategy, it does not describe the operational details of how the departments will accomplish these objectives. Each department will devise its own planning documents that will operationalize the *Implementation Plan* and will address additional planning considerations that may be unique to each department.

The DHS Pandemic Influenza Implementation Plan

The DHS Pandemic Influenza Plan is structured around the three pillars of the National Strategy: Preparedness and Communication, Surveillance and Detection, Response and Containment. In order to support these pillars, the DHS plan focuses on the overall Federal incident management of a pandemic, as well as our unique responsibilities to manage our borders, protect our Nation's critical infrastructures, ensure the health and safety of the DHS workforce, and find ways to mitigate the overall economic impact to our Nation.

Since December, DHS work groups comprised of representatives from across all components of the Department have been working to accomplish these goals and have been developing contingency planning documents. The DHS Office of Infrastructure Protection has developed plans and exercises to maintain the function of the 17 critical infrastructures, working closely with the private sector and our Federal partners. In conjunction with its interagency partners, the Department will release a Critical Infrastructure and Key Resource Pandemic Influenza Preparedness, Response and Recovery Guide. This guide will assist the private sector in business continuity planning efforts to cope with business disruption and high rates of employee absenteeism that would accompany a pandemic. Our overall incident management workgroup is developing playbooks with the directorates and components of DHS, and has focused efforts on synchronizing operation centers from across Federal and State governments and developing a common operating picture methodology so that real-time communications are optimized. The workgroup on Entry and Exit Policy and Border Management has been working very closely with our Federal partners and the Homeland Security Council to determine the best policy to delay and limit the introduction of a pandemic into the U.S. through effective screening of passengers, travel restrictions and border controls, supporting the CDC's quarantine stations at our major point of entries, and providing training to our front line workforce. The Workforce Assurance workgroup has been working closely with the CDC and the Occupational Safety & Health Administration to devise scientifically sound policies for personal protective equipment and training protocols to minimize disruption to our workforce. They have also been developing contingency planning for Continuity of Government and Continuity of Operations to deal with disruptions in our workforce due to absenteeism or caring for loved ones. The Economic Consequences workgroup has been working with Federal partners and the National Laboratories

to identify and inventory the economic modeling capacity in order to drive policy decisions that would minimize economic disruption to our nation during a pandemic. Examples are policies related to transportation industry, the flow of trade within and across borders, and maintenance of the supply chain for food and other goods.

DHS Expenditures: Pandemic Preparedness

As part of the President's supplemental appropriations request to fund the National Strategy for Pandemic Influenza, DHS received \$47.3 million to increase the readiness and response capabilities of the department in the event of an influenza pandemic. The Supplemental Funding Plan allocates funds in six key categories that include:

- Preparedness Planning: The Plan targets \$12 million in funding for preparedness planning. This effort is aimed at preparing for the significant implications that a pandemic influenza would have on the economy, national security and the basic functioning of society. It includes developing the capability to anticipate the impact of the disease on absenteeism across multiple sectors and how this will affect the continuity of essential functions in support of the Federal response. Conducting modeling and simulation to predict the impact of pandemic flu on critical infrastructure; engaging in international negotiations for screening protocols, procedures and quarantine authorities; and participating exercises to test readiness are part of this effort.

- Training Development and Deployment: The Plan calls for \$10.7 million to be allocated for the protection of border and domestic air and maritime travel. These funds will be used for readiness assessments of high risk airports and ports and training related to the use of quarantine stations and the isolation, handling, and transportation of potentially infected individuals. The experience of HHS and CDC training exercises will add value to DHS training activities, which will involve personnel of the U.S. Coast Guard, Immigration and Customs Enforcement, Transportation Security Administration, and Customs and Border Protection.
- Personal Protective Equipment (PPE): The Plan sets aside \$16 million for the acquisition of PPE for approximately 145,000 high risk and mission critical personnel. DHS will develop the requirements to provide these personnel with appropriate PPE and establish respiratory protection programs, which include respiratory fit testing, medical clearance and PPE related training.
- Rapid Influenza Assay Study: The Plan provides \$1.5 million to support system studies and define operational requirements for a rapid diagnostic tests, working in coordination with HHS. This test could provide more effective screening prior to departure and entry, especially in situations when infected persons may require isolation. This could have broader applications in the transportation sector, the workplace, or for continuity of government purposes.

- Isolation Systems: The Plan dedicates \$4.4 million to support infrastructure changes and construction of isolation systems at ports of entry or other major transportation hubs. Currently the CDC has only 18 quarantine stations among over 320 ports of entry, few of which have adequate facilities for isolation and containment of infected travelers.
- Program Support: The Plan allocates \$2.7 million for technical, management, financial, and integration functions relating to the implementation of the Plan. This includes the coordination of requirements from DHS components for workforce protection, environment, training, staffing restrictions and protocols as well as documentation and tracking of requirements and plans.

Conclusion

Since the reorganization of DHS under Secretary Chertoff's 2nd Stage Review and the formation of the Office of the Chief Medical Officer, a tremendous amount of our focus has been on pandemic influenza planning, supplemental budget development and coordination, coordinating with other Federal agencies on policy matters, and participating in the writing of the *Implementation Plan*. DHS senior officials have been present with HHS at nearly every one of the 50 State Pandemic Summits.

The Department of Homeland Security is in the process of making recommendations to further clarify the National Response Plan to better fulfill its incident management role. In collaboration

with our international partners, we are developing screening and containment procedures to decrease the likelihood of disease spread should sustained human-to-human transmission occur. We have been working with our federal government and private sector colleagues to provide business continuity guidance and recommendations, especially for critical infrastructure and key resources. Our own plan addresses workforce protection and continuity of operations.

The challenge to complete an effective contingency plan for DHS and realize an appropriate response to such a catastrophic incident is formidable. Carrying out the hundreds of actions in the Implementation Plan will require significant amounts of time, human resources, and budgetary resources. Even with the challenges, this effort will be worth it for the sake of our Nation's biodefense. It has become apparent that the newly found coordination among State, local and tribal governments, HHS, DHS, USDA, VA, and DoD, NGOs and the private sector will put our Nation in much better shape to deal with biological threats, regardless of whether they are natural or man made. The collateral benefits of pandemic planning are undeniable and are worth our department's best efforts and full engagement.

As with any illness, prevention is by far the most cost effective method for dealing with this disease. We fully support the efforts of President Bush and the Department of Health and Human Services to reinvigorate our domestic vaccine production, to stimulate transformational change in vaccine technology, reinforce the capacity of State and Local public health organizations and educate the public on good public health and ways to keep every individual and family safe.

The best way to prepare for and prevent a pandemic or any major catastrophic event is to strengthen the institutions that we use every day, namely public health, medical, and emergency services, as well as the support of medical science for new vaccines and therapeutics. They are also avenues to enhancing the quality of health care and the quality of life in our communities on a daily basis. We look forward to working with Congress as well as our State and local counterparts to ensure that the response is as efficient and effective as it can be.